

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SP-51 N 097936303

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5	2					
6	2					
7	1					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	14					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	20	20	20	20	20	20
TOTAL CLAIMS	20	20	20	20	20	20

	*	*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					